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FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER AS FILED 2nd AMENDMENT IND. DEP. IND. IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. <u>3</u> <u>3</u> TOTAL IND. . TOTAL IND. **. ⊕** TOTAL DEP. TOTAL DEP. TOTAL * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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